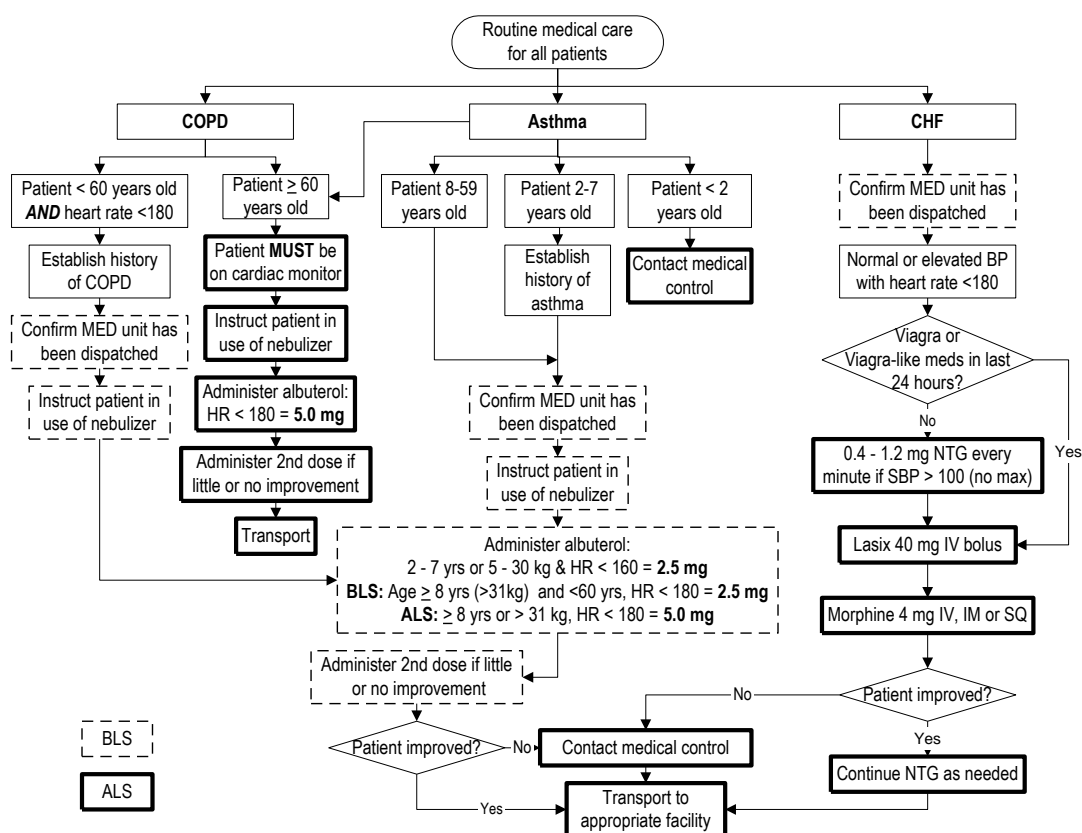


Initiated: 5/22/98
Reviewed/revised: 10/15/08
Revision: 15

**MILWAUKEE COUNTY EMS
MEDICAL PROTOCOL
RESPIRATORY DISTRESS**

Approved by: Ronald Pirrallo, MD, MHSA
Signature:
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History	Signs/Symptoms	Working Assessment
May have a history of asthma (history required for patients 2 - 7 years old) Exposure to irritant Recent URI	Chest tightness Dyspnea Coughing or wheezing Accessory muscle use	Asthma
History of COPD	Chronic cough Dyspnea Pursed lip breathing Prolonged exhalation Barrel chest Clubbing of fingers	COPD
May have a history of CHF	Orthopnea Restlessness Wet or wheezing breath sounds Hypertension Tachycardia Jugular vein distention	CHF



Notes:

- If the systolic blood pressure of a patient in CHF drops below 90, administer a 500 ml fluid bolus and contact medical control.
- A history of CHF is not required before treatment is initiated.
- Patients 60 years and older must be on a cardiac monitor.
- If patient is already taking a daily dose of Lasix, consider calling the base to increase the initial dose of Lasix.
- Establish a history of asthma before treating children between 2 and 7 years old. Wheezing may be caused by cardiomyopathy and antagonized by albuterol.
- If an asthmatic has no improvement after a second albuterol treatment, consider contacting medical control for an **order** for subcutaneous epinephrine.
- A MED unit must transport any patient receiving albuterol in the field.
- Normal room air oxygen saturation (pulse ox) is 94 – 100%.